



BUSINESS PARTNER AUTOMATION APPLICATION SECOND-LINE BUSINESS PARTNER

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| FOR DMV USE ONLY |
| SITE ID# |
| NONREFUNDABLE APP FEE |

ALL INFORMATION WILL REMAIN CONFIDENTIAL. PLEASE TYPE OR PRINT CLEARLY

I. APPLICATION FOR: SECOND-LINE BUSINESS PARTNER

DOING BUSINESS AS (DBA)

| | | | |
|-------------------------|-----------------------------|-------|----------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| INTERNET/E-MAIL ADDRESS | DAYS AND HOURS OF OPERATION | | |

II. TYPE OF OWNERSHIP:

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

IRS FEDERAL TAX ID

III. OWNER/CORPORATION NAME, IF DIFFERENT FROM ABOVE:

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE

| | | | |
|--|-------------------|-------|----------|
| STREET ADDRESS PRINCIPAL PLACE OF BUSINESS | CITY | STATE | ZIP CODE |
| OFFICE TELEPHONE NUMBER () | FAX NUMBER () | | |

IV. CONTACT PERSON (Must be authorized designee of the firm):

| | | | |
|--------------------------------|-------------------|-------|----------|
| NAME (PLEASE PRINT) | LAST | FIRST | MIDDLE |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| OFFICE TELEPHONE NUMBER () | FAX NUMBER () | | |

V. AGENT FOR SERVICE OF PROCESS

NAME OF FIRM

| | | | |
|--------------------------------|------|-------|----------|
| DESIGNEE'S NAME (PLEASE PRINT) | LAST | FIRST | MIDDLE |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

VI. ESTIMATED VOLUME OF TRANSACTIONS YOU WILL PROCESS ANNUALLY:

| | | | |
|-----------------------------|-----------------------|---------------------------|-------------|
| NEW VEHICLE REPORTS OF SALE | REGISTRATION RENEWALS | REGISTERED OWNER TRANSFER | |
| SALVAGE | JUNKS | NON-REPAIRABLES | VLF REFUNDS |

VII. OCCUPATIONAL LICENSEE: REGISTRATION SERVICE # _____ DEALER # _____

VIII. NAMES OF EMPLOYEES WHO WILL PROCESS THE APPLICATIONS:

| | |
|-----------------|-----------------|
| EMPLOYEE'S NAME | EMPLOYEE'S NAME |
| EMPLOYEE'S NAME | EMPLOYEE'S NAME |

IX. IF YOU WILL BE PROCESSING NEW VEHICLE REPORTS OF SALE AND ARE NOT A LICENSED CALIFORNIA DEALER, THE FOLLOWING INFORMATION IS REQUIRED:

| | | | |
|---------------|-------------|------------------|----------------|
| DEALER NUMBER | DEALER NAME | TELEPHONE NUMBER | DEALER ADDRESS |
| | | | |

X. ALL PHYSICAL LOCATION(S) AND BRANCH LICENSE NUMBERS WHERE DMV INVENTORY (LICENSE PLATES, STICKERS, PAPER) WILL BE MAINTAINED: (Attach paper if additional space is needed.)

| | | | | |
|----------------|------|-------|----------|-----------------------|
| STREET ADDRESS | CITY | STATE | ZIP CODE | BRANCH LICENSE NUMBER |
|----------------|------|-------|----------|-----------------------|

XI. CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | | |
|---|--|-----------|-------------------------|
| THIS DOCUMENT IS EXECUTED AT: (CITY, COUNTY, STATE) | | | DATE |
| SIGNATURE OF AUTHORIZED AGENT | | FIRM NAME | |
| PRINTED NAME OF AUTHORIZED AGENT | | TITLE | TELEPHONE NUMBER () |

Return the completed application to:

DEPARTMENT OF MOTOR VEHICLES
REGISTRATION AUTOMATION DEVELOPMENT, MS: E383
P. O. BOX 825393
SACRAMENTO, CA 94232-3280

BUSINESS PARTNER AUTOMATION DECLARATION

SITE ID

 (BUSINESS NAME) declares that the following officers, partners, stockholders, and/or directors are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

| NAME | TITLE | | | | EFFECTIVE DATE |
|------|---------|---------|----------|-----------------------|----------------|
| | PARTNER | OFFICER | DIRECTOR | PRINCIPAL STOCKHOLDER | |
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 (BUSINESS NAME) declares that the following Limited Liability Company member(s) are the only Limited Liability Company member(s) who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

| NAME | EFFECTIVE DATE |
|------|----------------|
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I certify that I am the official custodian of the records of this corporation and have the authority to affix the corporate seal.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | |
|---------------------------|------|----------------------------------|
| EXECUTED AT (CITY, STATE) | DATE | BUSINESS PHONE NUMBER () |
| SIGNATURE | | |